

DEPARTMENT OF CORRECTIONS

INITIAL SEGREGATION REVIEW

SITE: IBC

COMPLETED BY: Kevin D. Corning, RN 08/19/2017 8:33 PM

NAME: CANTRELL, JASON P.

ID #: 397429

DOB: 03/29/1985

Notification of placement 08/19/2017 8:30 pm

Placement initiated by security 08/19/2017 8:15 pm

Inmate encounter Inmate encounter offers no complaints

Chart review

Chronic problem List

Hypertension, essential

Active medications

<u>Brand name</u>	<u>Dose</u>	<u>Sig</u>	<u>Comment</u>
Lisinopril	20 Mg	Take one tablet p.o. bid. KOP	
Naproxen	500 Mg	take one tablet twice a day as needed for pain. Take with food and use as little as possible. Supervising physician Dr. Burke.	

Placement recommendations/notifications

No issues precluding housing identified

Comments

Patient seen in HU-8 shower, he did not respond to me. No obvious injuries. He has KOP meds he will need; custody is aware of this.

NAME: CANTRELL, JASON P
NUMBER: 397429
D.O.B : 03/29/1985

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MICHIGAN DEPARTMENT OF CORRECTIONS



Kite Response

Patient Name	JASON CANTRELL	Age	32 Years
Date Received	08/24/2017		
Time Received	9:45 am		
Taken By	Jerry C. Ritz, RN		
Date Initiated	08/19/2017		

Action & Resolution

<u>Date</u>	<u>Time</u>	<u>User</u>
08/24/2017	10:49 PM	Jerry C. Ritz, RN

Detail

Schedule Nurse Visit approx 08/31/2017 with RN by Jerry C. Ritz, RN. Reason: Left hip discomfort.. Details: When I was in handcuffs, I was slammed to the ground and I hurt my left femur/pelvis hip and my right foot. I have had issues in the past with my feet, femur, pelvis and hip and I think something is wrong and I need to be seen. I'm in alot of pain.. Comments: I will schedule you an appointment for an assessment. You may want to try warm moist compresses. You can purchase pain medication from the store..

Other

Reason: Left hip discomfort..

Details: When I was in handcuffs, I was slammed to the ground and I hurt my left femur/pelvis hip and my right foot. I have had issues in the past with my feet, femur, pelvis and hip and I think something is wrong and I need to be seen. I'm in alot of pain..

Comment: I will schedule you an appointment for an assessment. You may want to try warm moist compresses. You can purchase pain medication from the store..

CANTRELL, JASON
397429

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MICHIGAN DEPARTMENT OF CORRECTIONS



Kite Response

Patient Name	JASON CANTRELL	Age	32 Years
Date Received	08/30/2017		
Time Received	13:53 pm		
Taken By	Jerry C. Ritz, RN		
Date Initiated	08/28/2017		

Action & Resolution

<u>Date</u>	<u>Time</u>	<u>User</u>
08/30/2017	3:21 PM	Jerry C. Ritz, RN

Detail

Reason: Neck head both feet pelvis left femur and left hip pain.
 Call details: I've kited about being in alot of pain. I was slammed to the ground and hurt myself. I injured myself during an altercation of me being placed in restraints. Comment You have an appointment scheduled in the near future.

Other

Reason: Neck head both feet pelvis left femur and left hip pain..

Details: I've kited about being in alot of pain. I was slammed to the ground and hurt myself. I injured myself during an altercation of me being placed in restraints..

Comment: You have an appointment scheduled in the near future..

CANTRELL, JASON

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MICHIGAN DEPARTMENT OF CORRECTIONS**NURSE PROTOCOL****SITE: IBC****COMPLETED BY: Ashley R. Alberts, RN 08/31/2017 8:51 AM****Patient Name: JASON CANTRELL****DOB: 03/29/1985****ID#: 397429****Patient presenting with chief complaint(s)of: Musculoskeletal.****Vital Signs:**

Date	Time	Temp	Pulse	Pattern	Resp	Pattern	BP	Sp O2	Peak Flow	Weight Lb
08/31/2017	8:55 AM	97.9	72		16		126/82	97		202.20

MUSCULOSKELETAL**Subjective:**

Affected body part: Left hip/left rib cage and right foot..

Date of Onset: 08/19/2017.

Previous history? Yes. Comments: Femur Fx, foot Fxs.

Previous treatment? Yes.

Recent injury? Yes.

Pain? Yes.

I got slammed to the ground when I was placed in seg, my foot is straight now. It was bruised but I think I just strained it. My rib is sticking out I swear to god and my hip feels like a rubber band

Objective:

Examination of Left hip, rib cage, bilat feet..

Tenderness? Yes.

Palpable distal pulses? Yes.

Pain with movement? Yes.

Sensation intact? Yes.

Spasms? No.

Range of motion (WNL)? Yes.

Weakness? No.

Discoloration? No.

Warm to touch? No.

Tingling? No.

Gait (WNL)? Yes.

Numbness? No.

Swelling? Yes.

Additional Comments: Pt has a raised hard area over approx 8-9th rib, it is tender and causes discomfort to breath in deeply. No redness noted..

Bowel & Bladder Function

N/A to complaint (no complaints of back pain).

Loss of control of bowel or bladder with back pain? N/A.

Urine dipstick?: Not indicated.

Pt amb into HC with a steady gait. Pt has several complaints after being "slammed" on the ground and cuffed. Pt has

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MICHIGAN DEPARTMENT OF CORRECTIONS

NURSE PROTOCOL

SITE: IBC

COMPLETED BY: Ashley R. Alberts, RN 08/31/2017 8:51 AM

normal ROM in bilat feet and hips. His skin is warm and dry to left leg. PPP +2,

Assessment:

Alteration in comfort

Plan:

ORDERS

<u>Status</u>	<u>Order</u>	<u>Reason</u>	<u>Date</u>
ordered	Housing: Bottom bunk		
ordered	X-ray exam of ribs, chest, one side Left	Pain,swelling	09/01/2017
ordered	X-ray exam of hip, complete Left	Increased pain/injury	09/01/2017
completed	Activity restrictions for 21 days. Facility notification completed.		
completed	Patient education provided		
completed	Sick call if symptoms do not subside or become more severe		
completed	Physician contacted for same day treatment and orders		
completed	Heat applications prn		

Document generated by: Ashley R. Alberts, RN 08/31/2017 11:23 AM

Provider: Brent J. Simon PA

NAME: CANTRELL, JASON P
NUMBER: 397429
D.O.B.: 03/29/1985

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**MICHIGAN DEPARTMENT OF CORRECTIONS
BUREAU OF HEALTH CARE
RADIOLOGY REPORT**

PATIENT NAME AND NUMBER: Cantrell, Jason 397429

PATIENT LOCK: IBC

REQUESTING PROVIDER: Simon

DATE OF EXAM: 08/31/17

FACILITY OF EXAM: OFF-SITE

TYPE OF EXAM: LEFT RIB STUDY, THREE VIEWS

FINDINGS: Three views of the left ribs demonstrate fractures of ribs nine and ten near the rib angles. No evidence of a pneumothorax is present. The remaining ribs are intact. No radiopaque foreign bodies are seen.

IMPRESSION:

Fractures of ribs nine and ten, on the left side, near the rib angles.

TYPE OF EXAM: AP PELVIS AND LEFT HIP STUDY

FINDINGS: Examination of the pelvis with attention given to the left hip with additional views demonstrate no evidence of an acute displaced fracture or any other acute osseous abnormalities. There is evidence of previous surgical intervention regarding old healed trauma involving the left iliac crest, the medioinferior left ilium and the pubic symphysis, in which compression plate with screws are utilized to transfix the area of trauma. At the right sacroiliac region a large screw is seen in a transverse direction utilized to transfix old trauma. The trauma sites are completely healed involving the pelvis. At the bilateral sacroiliac joints sclerosis is seen, at the articulating surfaces, to represent advanced arthritic changes.

At the bilateral hips arthritic changes are represented which are seen as sclerosis and tiny subchondral cystic lesions. There are no acute displaced fractures or any other acute osseous abnormalities seen at the hips. Although, on the left side there are two large orthopedic screws which were utilized to transfix and stabilize an intramedullary rod of the femur. The screws are well contained within the intertrochanteric region and terminate within the femoral head. No loosening of the intramedullary rod is seen. Old healed trauma of the proximal femur is present.

IMPRESSION:

1. Old healed trauma is identified of the pelvis with surgical transfixation.
2. Old healed trauma is identified of the proximal femur with an intramedullary rod transfixing the area of trauma.
3. Arthritic changes are seen at the bilateral sacroiliac joints as well as the hip articulating surfaces.

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Michael Henderson, DO #11462
MDOC Medical Provider

MH / nq
9/5/2017 7:35 PM / 9/6/2017 10:39 AM
22909687

Electronically signed by Michael A. Henderson DO on 09/06/2017 10:00 PM

CANTRELL, JASON
DOB 03/29/1985 397429

MICHIGAN DEPARTMENT OF CORRECTIONS**NURSE PROTOCOL****SITE: IBC****COMPLETED BY: Karen Rosa RN 09/07/2017 9:44 AM****Patient Name: JASON CANTRELL****DOB: 03/29/1985****ID#: 397429****Patient presenting with chief complaint(s)of: Musculoskeletal.****Vital Signs:**

<u>Date</u>	<u>Time</u>	<u>Temp</u>	<u>Pulse</u>	<u>Pattern</u>	<u>Resp</u>	<u>Pattern</u>	<u>BP</u>	<u>Sp O2</u>	<u>Peak Flow</u>	<u>Weight Lb</u>
09/07/2017	1:09 PM	97.0	64	regular	16		130/82	98		205.70

MUSCULOSKELETAL**Subjective:**

Affected body part: Multiple.

Date of Onset: 08/19/2017.

Previous history? Yes. Comments: car accident a couple years ago

Previous treatment? Yes. Comments: rods, screws in place of his L side of pelvis, L hip

Recent injury? Yes. Comments: was taken to ground on way to seg

Pain? Yes. Comments: rates pain 7/10

Pt states L side of his ribs has been hurting and hurts to breathe; His L hip/pelvis feels like it is coming out then gets numbness down his L leg will sometimes last up to an hour

Objective:

Examination of Multiple.

Tenderness? Yes.

Palpable distal pulses? Yes.

Pain with movement? Yes.

Sensation intact? Yes.

Spasms? No.

Range of motion (WNL)? No.

Weakness? Yes.

Discoloration? No.

Warm to touch? No.

Tingling? No.

Gait (WNL)? No.

Numbness? Yes.

Swelling? No.

Additional Comments: Pt ambulates with limping guarded gait; EMR reviewed showing rib fx of ribs 9 & 10 L side; Hip with arthritic changes and cystic lesions but without any displacements nor fx's present.

Assessment:

Alteration in comfort

Related to: bruise/contusion,

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MICHIGAN DEPARTMENT OF CORRECTIONS

NURSE PROTOCOL

SITE: IBC

COMPLETED BY: Karen Rosa RN 09/07/2017 9:44 AM

Plan:

MEDICATIONS

<u>Start</u>	<u>Stop</u>	<u>Medication</u>	<u>Dose</u>	<u>Rx Units</u>	<u>Issued</u>	<u>Sig Desc</u>
09/07/2017	09/11/2017	Pain Relief	325 Mg	Stock	24	Follow directions on package

ORDERS

<u>Status</u>	<u>Order</u>	<u>Reason</u>	<u>Date</u>
ordered	MSP Sick Call : rib fx's x2; L hip/pelvis with increased pain/numb		09/07/2017
ordered	Referred to provider rib fx's x2; L hip/pelvis with increased pain/numb		09/07/2017
completed	Patient education provided		
completed	Sick call if symptoms do not subside or become more severe		
completed	Physician contacted for same day treatment and orders		

Document generated by: Karen Rosa RN 09/07/2017 1:29 PM

Provider: Brent J. Simon PA

NAME: CANTRELL, JASON P
 NUMBER: 397429
 D.O.B.: 03/29/1985

MICHIGAN DEPARTMENT OF CORRECTIONS**NURSE PROTOCOL****SITE: IBC****COMPLETED BY: Kevin D. Corning, RN 09/07/2017 6:10 PM****Patient Name: JASON CANTRELL****DOB: 03/29/1985****ID#: 397429****Patient presenting with chief complaint(s)of: Cardiovascular.****Vital Signs:**

<u>Date</u>	<u>Time</u>	<u>Temp</u>	<u>Pulse</u>	<u>Pattern</u>	<u>Resp</u>	<u>Pattern</u>	<u>BP</u>	<u>Sp O2</u>	<u>Peak Flow</u>	<u>Weight Lb</u>
09/07/2017	6:11 PM	97.7	60		12		146/92	99		207.00

MISCELLANEOUS AND OTHER COMPLAINTS**Subjective:**

Associated symptoms: My chest hurts. I have two broken ribs. It hurts to breathe

Previous history? No.

Previous treatment? No.

Result of injury? Yes. Two broken ribs; x-ray report 8/31/17.

Objective:

Physical Examination Findings

Lungs clear, heart sounds normal, heart beat regular. I told him he needs to breathe deeply regularly or he risks pneumonia. Suggested he alternate Tylenol with nsaid; he has both Tylenol and naproxyn in his house.

Assessment:

Alteration in comfort

Plan:**MEDICATIONS**

<u>Start</u>	<u>Stop</u>	<u>Medication</u>	<u>Dose</u>	<u>Rx Units</u>	<u>Issued</u>	<u>Sig</u>	<u>Desc</u>
09/07/2017	09/10/2017	Ibuprofen	200 Mg	Stock	24		Follow directions on package

ORDERS

<u>Status</u>	<u>Order</u>	<u>Reason</u>	<u>Date</u>
completed	Patient education provided		
completed	Sick call if signs and symptoms of infection develop or symptoms do not subside		

Document generated by: Kevin D. Corning, RN 09/07/2017 6:29 PM**Provider: Gail Burke DO**

NAME: CANTRELL, JASON P
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MICHIGAN DEPARTMENT OF CORRECTIONS



Kite Response

Patient Name	JASON CANTRELL	Age	32 Years
Date Received	09/08/2017		
Time Received			
Taken By	Joan Alfrey RN		
Date Initiated	09/08/2017		

Medical Question

Patient Complaint/Concern: Pain medication.

Detail: I would like to see the Physician so I can get something for this pain I have 2 fractured ribs..

Comment: You currently have ibuprophen ordered for discomfort; continue taking the medication as instructed
You also have an appointment scheduled soon with a Provider..

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MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

PATIENT: JASON CANTRELL
 DATE OF BIRTH: 03/29/1985
 DATE: 09/11/2017 11:38 AM
 VISIT TYPE: Provider Visit-unscheduled

Chief Complaint/Reason for visit:

This 32 year old male presents with rib pain.

History of Present Illness**1. rib pain**

Additional comments:

Mr CAntrell presents states he is in pain especially when climbing stairs. Feels he has no support. HE states he has a injury from 8/19 and when x-ray was done on 8/31 showed fractured ribs. One exam lower left abdomen very tender admits having a hard time taking deep breaths. Splinted with ACE wrap discussed importance of C+DB to avoid pneumonia. Will order xray for follow up, 2 weeks with ace for support and 3 steps for 2 weeks. Will follow up at CCC clinic 9/22

Chronic Problems

Hypertension, essential

Medications Active Prior to Today's Visit

<u>Drug Name</u>	<u>Dose</u>	<u>Qty</u>	<u>Description</u>
Lisinopril	20 Mg	0	Take one tablet p.o. bid. KOP
Naproxen	500 Mg	60	take one tablet twice a day as needed for pain. Take with food and use as little as possible. Supervising physician Dr. Burke.

Allergies

Allergen/Ingredient

Brand

Reaction:

No Known Drug Allergies

Review of Systems**Constitutional:**

Negative for fatigue, fever and night sweats.

Respiratory:

Negative for cough, dyspnea and wheezing.

Cardiovascular:

Negative for chest pain and irregular heartbeat/palpitations.

Gastrointestinal:

Negative for abdominal pain, constipation, diarrhea and vomiting.

Genitourinary:

Negative for dysuria and hematuria.

Musculoskeletal:

Positive for:

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MICHIGAN DEPARTMENT OF CORRECTIONS**NURSE PROTOCOL****SITE: IBC****COMPLETED BY: Elizabeth M. Berg, RN 09/13/2017 9:19 AM****Patient Name: JASON CANTRELL****DOB: 03/29/1985****ID#: 397429****Patient presenting with chief complaint(s)of: Musculoskeletal.****Vital Signs:**

<u>Date</u>	<u>Time</u>	<u>Temp</u>	<u>Pulse</u>	<u>Pattern</u>	<u>Resp</u>	<u>Pattern</u>	<u>BP</u>	<u>Sp O2</u>	<u>Peak Flow</u>	<u>Weight Lb</u>
09/13/2017	9:19 AM	97.5	64		14		120/70	98		207.00

MUSCULOSKELETAL**Subjective:**

Affected body part: ribs, arm.

Previous history? Yes. Comments: Recently broke ribs.

Previous treatment? Yes. Comments: They took an xray and I have naproxen but I am in pain and need something more

Recent injury? Yes. Comments: I have broken ribs and my hip hurts.

Pain? Yes. Comments: 30 out of 1-10. In pain all the time.

I hurt all the time.

Objective:

Examination of rib, arm.

Tenderness? Yes.

Pain with movement? Yes.

Sensation intact? Yes.

Spasms? No.

Range of motion (WNL)? No.

Weakness? Yes.

Discoloration? No.

Warm to touch? No.

Tingling? No.

Gait (WNL)? Yes.

Numbness? No.

Swelling? No.

Additional Comments: Limited AROM and unwilling to try PROM to raise arm to front and lateral movements..

Bowel & Bladder Function

N/A to complaint (no complaints of back pain).

Urine dipstick?: Not indicated.

A & O x 3. Normal gait. No limp for sore hip. Not walking slow or holding left arm against chest wall for support.

Taking deep breathes to help with lung expansion

Assessment:

Alteration in comfort

Related to: bruise/contusion, strain/sprain.

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MICHIGAN DEPARTMENT OF CORRECTIONS

NURSE PROTOCOL

SITE: IBC

COMPLETED BY: Elizabeth M. Berg, RN 09/13/2017 9:19 AM

Plan:

MEDICATIONS

<u>Start</u>	<u>Stop</u>	<u>Medication</u>	<u>Dose</u>	<u>Rx Units</u>	<u>Issued Sig Desc</u>
09/13/2017	09/14/2017	Ibuprofen	200 Mg	Stock	24 Follow directions on package

ORDERS

<u>Status</u>	<u>Order</u>	<u>Reason</u>	<u>Date</u>
completed	Physician contacted for same day treatment and orders		
completed	Patient education provided		

Document generated by: Elizabeth M. Berg, RN 09/13/2017 9:29 AM

Provider: Gail Burke DO

NAME: CANTRELL, JASON P
NUMBER: 397429
D.O.B.: 03/29/1985

MICHIGAN DEPARTMENT OF CORRECTIONS**NURSE PROTOCOL****SITE: IBC****COMPLETED BY: Jerry C. Ritz, RN 09/19/2017 10:01 AM****Patient Name: JASON CANTRELL****DOB: 03/29/1985****ID#: 397429****Patient presenting with chief complaint(s)of: Musculoskeletal.****Vital Signs:**

Date	Time	Temp	Pulse	Pattern	Resp	Pattern	BP	Sp O2	Peak Flow	Weight Lb
09/19/2017	10:02 AM	97.5	64		16		132/90	99		202.60

MUSCULOSKELETAL**Subjective:**

Affected body part: chest.

Date of Onset: 08/19/2017.

Previous history? Yes. Comments: Fx ribs left lower chest.

Previous treatment? Yes. Comments: Pain meds ace bandage.

Recent injury? No.

Pain? Yes. Comments: Reports left rib pain is 10/10 currently.

Reports has been taking Ibuprofen, Naproxen and asa for left rib discomfort. Reports he is willing to get chest x-rays done.
 Reports left hip still popping and feels loose.

Objective:

Examination of chest.

Tenderness? Yes.

Palpable distal pulses? Yes.

Pain with movement? Yes.

Sensation intact? Yes.

Spasms? No.

Range of motion (WNL)? Yes.

Weakness? No.

Discoloration? No.

Warm to touch? No.

Tingling? No.

Gait (WNL)? Yes.

Numbness? No.

Swelling? Yes.

Additional Comments: Mild edema left lower anterior chest..

Bowel & Bladder Function

N/A to complaint (no complaints of back pain).

Loss of control of bowel or bladder with back pain? N/A.

Urine dipstick?: Not indicated.

No redness or bruise noted left anterior lower chest. Chart review put in to the provider.

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**MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF
HEALTH CARE SERVICES**

PATIENT: JASON CANTRELL
DATE OF BIRTH: 03/29/1985
DATE: 09/22/2017 8:35 AM
VISIT TYPE: Chronic Care Visit

Chief Complaint/Reason for visit:

This 32 year old male presents with hypertension and rib fracture follow-up.

History of Present Illness

1. Hypertension

Additional comments:

The patient says that he takes his linsinopril as prescribed. He states he is not currently doing anything for exercise. Mr. Cantrell says that he gets chips to eat, but not often. Otherwise he is doing "well" with his diet. He eats what he is given from the kitchen. He may eat 3 soups and a bag of chips per week. He denies eating "sweets."

2. Rib Fracture Follow-Up

Additional comments:

Per report for 8/31/17 left rib x-rays, "Fractures of ribs nine and ten, on the left side, near the rib angles."

The patient says that he still has pain in the left rib area. He is taking naproxen. He states he refused his follow-up x-rays because he was mad. He has also been taking some acetaminophen and some ibuprofen.

Chronic Problems

Hypertension, essential

Allergies

Allergen/Ingredient

Brand

Reaction:

No Known Drug Allergies

Review of Systems

Constitutional:

Negative for chills/rigors, fever and night sweats.

Respiratory:

Negative for dyspnea.

Cardiovascular:

Negative for chest pain, edema and irregular heartbeat/palpitations.

Gastrointestinal:

Negative for abdominal pain, nausea and vomiting.

Neuro/Psychiatric:

Negative for lightheadedness, loss of consciousness and syncope.

Musculoskeletal:

See History of Present Illness.

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Vital Signs

Date	Time	Height	Weight	Temp	Bp	Pulse	Resp.	Pulse Ox	Rest	Pulse Ox	Amb
09/22/2017	8:36 AM	67.0	206.6	97.2	142/76	70	14	99			

FiO2	PeakFlow	Pain Score	Comments

Measured By
Brent J. Simon, PA

Physical Exam**Constitutional:**

No acute distress. Well developed.

Comments: Patient walked in and sat up on the exam table without detected signs of discomfort

Eyes:**Right**

No injection.

Left

No injection.

Respiratory:

Lungs clear to auscultation. There is no cough. Respiratory effort is normal.

Cardiovascular:

Heart Sounds: NL S1, NL S2.

Extra Sounds: None.

Rate and Rhythm: Heart rate is regular rate. Rhythm is regular.

See also extremities. No edema is present.

Abdomen:

Comments: Abdomen was soft and non-tender.

Integumentary:

Comments: Exposed skin was warm and dry.

Musculoskeletal:

Comments: No obvious bony deformities of the left chest wall/ribs were detected. Patient reported some tenderness over the angles of the 9th & 10th ribs during palpation. No signs of bruising, bleeding, swelling, or other signs of injury of this area were detected. Patient did not seem to have a problem getting on/off the exam table.

Extremities:

No edema is present.

Neurological:

Level of Consciousness: Normal.

Orientation: Alert and oriented X 3. Grossly normal intellect. .

Balance & Gait: Balance and gait intact. .

Psychiatric: No unusual anxiety or evidence of depression.

Assessment/ Plan

Fracture, rib(s), closed (807.0)

Hypertension, Benign (401.1), Fair.

Plan comments: The patient would prefer to take the lisinopril once per day, so see order to change that. I discussed and encouraged healthy lifestyle habits (i.e. diet, exercise), as the patient does have some room for improvement. I instructed the patient to not take more than one medication of the same class (unless otherwise instructed by healthcare) or take more of any medication than prescribed due to health risks. Patient to practice conservative management of the fractured ribs. I will extend the bottom bunk detail and switch from naproxen to Mobic, per patient request. I will also order some acetaminophen for him. He stated he will now be willing to have repeat rib x-rays, so see order for those and a follow-up visit. See orders for labs to follow-up/monitoring.

Medications ordered this visit

Start Date	Stop Date	Medication Name	Sig Desc
09/22/2017	04/22/2018	lisinopril 40 mg tablet	1 PO QD.
09/22/2017	01/22/2018	Mobic 15 mg tablet	1 PO QD prn pain. Take with food.
09/22/2017	10/22/2017	Pain Relief Regular Strength 325 mg tablet	1-2 PO TID prn pain. May alternate with NSAID.

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Medications stopped this visit

Start Date	Stop Date	Medication	Dose	Sig Desc
07/19/2017	09/22/2017	Lisinopril	20 Mg	Take one tablet p.o. bid. KOP
06/23/2017	09/22/2017	Naproxen	500 Mg	take one tablet twice a day as needed for pain. Take with food and use as little as possible. Supervising physician Dr. Burke.

Office Services

Status	ApptDate	Timeframe	Order	Reason	!
nterpretation Value					
ordered	11/15/2017		Chart Review/Update	: Review post-9/22/17 blood pressures.	
ordered	10/03/2017		Chart Review/Update	: Review report for x-rays of ribs ordered 9/22/17	
ordered	12/22/2017		Chronic Care Clinic Fair	: HTN. Review labs.	
ordered	10/13/2017		Provider Visit	: Rib fracture follow-up	

Instructions / Education

Status	Completed	Order	Reason
completed	09/22/2017	Discussed risk/ benefits/ side effects of treatment	
completed	09/22/2017	Contact healthcare/seek medical attention, if needed.	
completed	09/22/2017	Patient education provided and patient voiced understanding	

To be scheduled/ordered

Status	Order	Reason	Assessment	Timeframe	Appointment
ordered	X-ray exam of ribs, chest, one side Left		fracture f/u		09/26/2017

Lab Studies

Status	Lab Code	Lab Study	Timeframe	Date
ordered	CBC2	CBC with Differential, Platelets		12/15/2017
ordered	PHS1	Comp Panel (incl. Lipids)		12/15/2017

Document generated by: Brent J. Simon, PA 09/22/2017 10:21 AM

CANTRELL, JASON

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**MICHIGAN DEPARTMENT OF CORRECTIONS
BUREAU OF HEALTH CARE
RADIOLOGY REPORT**

PATIENT NAME AND NUMBER: Cantrell, Jason 397429

PATIENT LOCK: IBC

REQUESTING PROVIDER: Simon

DATE OF EXAM: 09/26/17

FACILITY OF EXAM: OFF-SITE

TYPE OF EXAM: LEFT RIBS, THREE VIEWS

FINDINGS: The left costal cage was examined in three views. No displaced fractures are identified and no intrinsic or metabolic osseous abnormality is apparent. If clinical symptoms warrant, a bone scan may be of further benefit to substantiate a nondisplaced fracture.

IMPRESSION:

Normal left rib study.

Lyle Mindlin, DO #11461
MDOC Medical Provider

LM / nq
9/27/2017 12:49 PM / 9/28/2017 12:48 PM
22972236

Electronically signed by Lyle S. Mindlin DO on 09/28/2017 07:43 PM

CANTRELL, JASON
DOB 03/29/1985 397429

MICHIGAN DEPARTMENT OF CORRECTIONS



Kite Response

Patient Name	JASON CANTRELL	Age	32 Years
Date Received	10/01/2017		
Time Received	21:35 pm		
Taken By	Karen Rosa RN		
Date Initiated	10/01/2017		

Action & Resolution

<u>Date</u>	<u>Time</u>	<u>User</u>
10/02/2017	11:33 AM	Karen Rosa RN

Detail

Reason: Pain. Call details: I need to see someone about the pain in my ribs I had x-rays last week, so hopefully everything's good because they hurt bad and these meds I'm on are not working. I'm also still experiencing pain in my left hip/pelvis and it keeps giving out causing me to fall..

Medical Question

Patient Complaint/Concern: Pain.

Detail: I need to see someone about the pain in my ribs I had x-rays last week, so hopefully everything's good because they hurt bad and these meds I'm on are not working. I'm also still experiencing pain in my left hip/pelvis and it keeps giving out causing me to fall..

Comment: Your recent xrays of your ribs show no fractures present in your ribs now This is to say the bones are healed. You can still be experiencing pain from bruising and tenderness to area. There was no show of swollen tissues in area either, just normal rib x-ray. The scheduler shows you have an upcoming appointment with the provider within 1-2 week period. You can discuss your concerns at that time.

CANTRELL, JASON
397429

03/29/1985

MICHIGAN DEPARTMENT OF CORRECTIONS - BUREAU OF HEALTH CARE SERVICES

PATIENT: JASON CANTRELL
 DATE OF BIRTH: 03/29/1985
 DATE: 10/13/2017 8:56 AM
 VISIT TYPE: Provider Visit-scheduled

Chief Complaint/Reason for visit:

This 32 year old male presents with musculoskeletal.

History of Present Illness**1. Musculoskeletal****Additional comments:**

Patient is here for a follow-up for fractures of the left 9th & 10th ribs. May refer to 9/22/17 note.

Mr. Cantrell says that his ribs are feeling better. He adds that the only time his left side is sore anymore is when he lays on his left side a lot. Otherwise, the chest wall feels good/there is no pain in the chest. The chest wall pain is no longer an issue.

He says that the left hip is about the same. If he stays in one position for an extended period of time it tends to be worse. He says that currently the only thing that is bothering him is the left hip. He denies having any new injuries. He does his ROM exercises. He says that he stopped taking the Mobic because it upsets his stomach. No abdominal pain otherwise. He would like to switch back to naproxen. He adds that going up and down a bunk bothers the hip and he requests a bottom bunk. No numbness of the left lower extremity.

Chronic Problems

Hypertension, essential

Medications Active Prior to Today's Visit

<u>Drug Name</u>	<u>Dose</u>	<u>Qty</u>	<u>Description</u>
Lisinopril	40 Mg	30	1 PO QD.
Pain Relief NSAID.	325 Mg	90	1-2 PO TID prn pain. May alternate with

Allergies

Allergen/Ingredient
 No Known Drug Allergies

Brand

Reaction:

Review of Systems**Constitutional:**

Negative for fever.

Respiratory:

Negative for dyspnea.

Cardiovascular:

Negative for chest pain and irregular heartbeat/palpitations.

Gastrointestinal:

Negative for blood in stool, melena, nausea and vomiting.

Comments: He says that he stopped taking the Mobic because it upsets his stomach. No abdominal pain

CANTRELL, JASON

397429

03/29/1985

1/3

Exhibit 2 - 21